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| **Safe Infant Assessment** |

**Case Number: Case Name:**

 **Assessment Number:**

**Section 1: Assessment Summary**

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| Name: Role:  Refused to be interviewed Unable to be interviewed   |

**Summary of current allegations/Type of maltreatment alleged:**

**Section 2: Safe Infant**

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|  **(INTAKE) Case: (Case Name) Individual:**  |

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| **Safe Infant (check all that apply)** |  |
| **Birth related data**Difficult/problematic deliveryMother was physically abused during pregnancyNo pre-natal carePremature BirthPre-natal careProblems with pregnancy | **Infant was left at:** EMSFire departmentHospitalPolice Station |
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| DOB:  | Date Infant was left:  |
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| **(check all that apply)****Mother’s Medical**AllergiesAsthmaCancerDiabetesHeart diseaseHigh blood pressureMental illnessNo informationOtherSeizuresSexually transmitted disease |  |
| **Father’s Medical** |
| AllergiesAsthmaCancerDiabetesHeart diseaseHigh blood pressureMental illnessNo informationOtherSeizuresSexually transmitted disease |
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| **(check all that apply)** |  |
| **Did the mother do one of the following before or during the pregnancy:**No informationSmokeUse alcoholUse drugs or medication | **Did the father do one of the following before the pregnancy:** |
| No informationSmokeUse alcoholUse drugs or medication |

**Notes**

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**Section 3: Child/Youth Assessment (Complete for each child)**

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| **Intake ID: Case: (Case Name) Individual:**  |

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| **Interview**  |
| **Interview** Refused to be interviewedUnable to be interviewed | **Native American**οNo οUnknown οYesοDeclined to disclose  |

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| **Child Physical/Mental Health** (check all that apply)  |
| **Risk Factors** Hearing or vision impaired History of seizuresMedical diagnosis requiring life sustaining measureMedical diagnosis requiring ongoing careMedical issues (asthma, broken arm, severe allergy)Mental health diagnosis ongoing medicationsPhysical disabilityRequires psychotropic meds to function No Risk Factors | **Protective Factors**No physical/mental health issuesReceived care for identified mental health issuesReceives care for identified medical issuesUp to date on immunizations |

**Section 4: Chronology Information**

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| **Investigative Related Data**Report received:Assigned by Supervisor:Inv Worker Received Report: First Attempt to Make Contact:First Face to Face Contact Made with Victim:First FSOS Consultation:  | *mm/dd/yyyy**mm/dd/yyyy**mm/dd/yyyy**mm/dd/yyyy**mm/dd/yyyy**mm/dd/yyyy* |

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| **Roles of Individuals****Interviewed**Alleged PerpetratorAlleged VictimAttorneyClergyCustodial ParentDay Care ProviderEmployerEMS/Fire DepartmentFormer Spouse | Family FriendFamily Support/KamesForensic ConsultationHousehold Member-RelatedHousehold Member Non-RelatedLandlordLaw EnforcementMedical Provider | Mental Health ProviderNeighborNon-Custodial ParentParamour/PartnerRelativeSchool PersonnelNo collateral contactSpouse |
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| **Evidence Collected**Child Care Provider recordsCourt recordsLaw Enforcement recordsDrug Screen | Medical recordsMental Health recordsOther CPS agency records | PhotographsSchool recordsSubstance abuse assessment |

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| **Investigation narrative:** |

**Section 5: Assessment Results**

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| Incident Date | Primary Individual | Alleged Perpetrator | Program/Sub Program | Determination Date | Alleged Perpetrator Role |
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| **Risk Factors****Based on your observations, interviews and information collected during this assessment, please rate the following:****The most vulnerable child in the family (considering age, development and behavioral needs) (select only one):**οNot vulnerable-behaviors within normal range, child attached to caregiver, developmentally on track, able to complete tasks of daily living (bathing, feeding, dressing)οMild-has behaviors that are controlled by medication or therapy, struggles with some subjects in school, can usually complete tasks of daily living without assistanceοModerate-often has problematic behaviors that interfere with functioning, can generally communicate needs, mild developmental delays, requires assistance with tasks of daily livingοSevere-physical or mental illness that requires intensive treatment, behaviors are out of control, difficulty in communication needsοExtremely vulnerable-physical disability requiring life sustaining care, not attached to caregiver, non-mobile or very limited mobility, nonverbal, unable to complete tasks of daily living**The primary caregiver’s ability to manage daily life/stress and attitude toward caregiving (select only one):**οNo concerns-Satisfied being a parent, balances teaching with discipline, realistic coping strategies, and healthy support systemοMild-Mostly satisfied with parent/caretaker role, has some community/family supportsοModerate-Sometimes uses positive methods to deal with conflict, Physical or mental impairment limits ability but accepts assistance, Inconsistent in providing basic care, nurturing and/or supportοSevere-Non-offending parent does not believe maltreatment occurred, has unstable relationships, relies on others to meet children’s needs, overwhelmed by responsibilities, unable/unwilling to plan ahead, unsatisfied with parent/caretaker roleοExtreme concerns-Puts perpetrator needs before family’s needs, fails to supervise the child, not attached or describes the child in negative terms, inability to recognize risks to the child, very dissatisfied with parent/caretaker role**The perpetrator’s access to the child and high risk patterns/behaviors (select only one):**οNo concerns-Verified no perpetrator access, No threats/use of violence, recognizes/manage threats/dangers to child, identifies high risk times and appropriate responsesοMild-Limited perpetrator access, situational stress-linked to services to manage, usually can verbalize high-risk times/trigger-respond appropriately, problem-solving skills can be increased with supports; First occurrence-parent is remorsefulοModerate-Limited self-control in caretaking or disciplining-no injury, Alcohol/Drug abuse (including prescription drug) impacts caretaking, Unrealistic expectations based on the child’s strengths/limitations, history of violenceοSevere-Uses threats to manage conflict, Incapacitated from drugs/alcohol, unable to verbalize high-risk times/triggers, History of intergenerational family violence, criminal chargesοExtreme concerns-Child resides with perpetrator, Actions resulted in serious physical injury, Expresses fear they will harm child, Parent justify maltreatment as cultural/religious practice, Previous involuntary TPR, Perpetrator unknown |

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| **Outcome** | **Plan** |
| οClose Referral | Prevention Plan |
| οIn home ongoing caseοOut of home ongoing case | Aftercare Plan |

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| **Assessment Conclusion** |